



3-2-06

The \$

PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

10/820,975

Filing Date

April 7, 2004

First Named Inventor

Santi, Daniel

Art Unit

1633

Examiner Name

Ileana Popa

Attorney Docket Number

020547-003700US

**ENCLOSURES** (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply (2 pgs)                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                 | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request - 1 pg in duplicate (2 pgs total) | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Request for Refund   | Return Postcard   |
| <input type="checkbox"/> Information Disclosure Statement                                       | <input type="checkbox"/> CD, Number of CD(s) _____  |   |
|   | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                                 | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application                         |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53                       |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Randolph Ted Apple

Date

February 28, 2006

Reg. No.

36,429

**CERTIFICATE OF TRANSMISSION/MAILING**

EXPRESS MAIL LABEL NO.:

EV 656 875 063 US